

Questionnaire for WES or WGS screening test

Test ordered

- Genetic Health Screen using whole exome sequencing (WES)
- Comprehensive Genetic Health Screen using whole genome sequencing (WGS)

1. Patient ancestry

<input type="checkbox"/> Arabs	<input type="checkbox"/> Ashkenazi Jewish
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African-American
<input type="checkbox"/> French Canadian	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Mediterranean	<input type="checkbox"/> Native American
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Sephardic Jewish
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Others (please specify)



2. Patient has primary indication

No Yes (please specify).....

3. Patient has sign or symptom related to the test

No Yes (please specify)

4. Patient has family history related to the test

No Yes (please specify)

5. Patient is adopted

No Yes

6. Patient has previous genetic result related to the test

No Yes (please specify mutation result)

7. Patient has previous result of WES or WGS from Bumrungrad hospital

No Yes (please specify mutation result)

8. Patient's family has previous result of WES or WGS from Bumrungrad hospital

No Yes (please specify mutation result)

9. Patient has a current or history of a hematological malignancy

No Yes (please specify cancer type)

If yes, Active/current History

(If yes, we are unable to accept the specimen, please do not order)**

10 Patient had a blood transfusion less than two weeks prior to specimen collection (blood and saliva)

No Yes **(**We are unable to accept the specimen, please do not order)**

11. Patient who have had an allogenic bone marrow or stem cell transplant

No Yes **(**We are unable to accept the specimen, please do not order)**
